Name in Full

Certificate of Death

Joshua J. Adelsberger

Died at Town: Emmitsburg County: Frederick MARYLAND

Date 189 9 Month: May Day: 1 | Age Y. 71 M. 7 D. 27 | Native of: Maryland | Occupation: Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: 1

Husband ~~Wife~~ of Sarah A. Miller

Father's Name: Joshua Adelsberger | Mother's Name: don't know

Cause of Death: Primary: Dropsy 155 a | How long sick: 1 yr

Immediate: " | ~~Accident, Suicide, Homicide~~

Reported by W. F. Shuff undertaker

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. R. L. Dyman
Emmitsburg Md

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full Wm. Edward Alexander. Certificate of Death

Died at Town Leesburg County Frederick MARYLAND

Date 189 Month 9 May Day 13 | Age Y. 36 M. 3 D. 9 | Native of Frederick Co. Md. | Occupation Clerk

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living None

Husband of ~~Wife~~ Nettie Beels.

Father's Name Martin Alexander | Mother's Name Mary Stockman.

Cause of Death — Primary: Tubercular Peritonitis | How long sick 4 days.

Immediate: 220 | Accident, Suicide, Homicide

Reported by Dr. J. D. S Young.

Address Leesburg.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79818

Attended by Dr. J. D. S. Young

of Breagerietown.

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full — Certificate of Death

Harry J. Artzberger

Died at Town: Walkersville County: Frederick MARYLAND

Date 1899 Month 9th Day 17 | Age Y. 39 M. 0 D. | Native of Pennsylvania | Occupation Saddle

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / Widower | Divorced / Number of children living 1

Husband / Wife of

Father's Name —

Mother's Name —

Cause of Death — Primary: Suppose to be Caused by Intoxication — Immediate: —

How long sick 2 days

Accident, Suicide, ~~Homicide~~

Reported by James A. Grove Undertaker

Address Walkersville Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from Jacob G Mauer

of Wolfsville Md.

Name in Full

Certificate of Death

James Madison Boslian

Died at Town Unionville County Frederick MARYLAND

Date 189 9 Month May Day 20 Age Y. 54 M. 7 D. 8 Native of Md. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Marth Justice

Father's Name Isaac Boslian Mother's Name Elizabeth Garber

Cause of Death Primary Nephritis How long sick about 2 years

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by Thomas P. Sappington

Address Unionville Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Jerome A. Breichner

Died at Town Near Emmitsburg County Frederick MARYLAND

Date 1899 Month May Day | Age Y. 68 M. D. | Native of United States | Occupation Tailor

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Amanda Nole

Father's Name Jim Breichner

Mother's Name Agnes Small

Cause of Death: Primary

Immediate Apoplexy 4 ✓

How long sick 2 days

Accident, Suicide, Homicide

Reported by Robert L. Annan

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894

Name in Full | Certificate of Death

Ezra Brengle

Died at Town: Frederick County: Frederick MARYLAND

Date 1899 Month: May Day: 23 | Age Y.: 87 M.: 8 D.: | Native of: Frederick Co | Occupation: Farmer

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living 5

Husband / Wife of Lydia Brengle

Father's Name | Mother's Name 141

Cause of Death: Primary General debility | How long sick Two weeks

Immediate | ~~Accident~~, Suicide, Homicide

Reported by F. F. Smith

Address 40 East 2' St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full | Certificate of Death

Tenie Florence Brooks

Died at Town: Mar Brunswick | County: Frederick | MARYLAND

Date 189 9 | Month: May | Day: 17 | Age Y. 36 M. D. | Native of: Md | Occupation: Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 4

Husband of Wife: Albert Brooks

Father's Name: Joe Hardy | Mother's Name: Caroline Wilkson

Cause of Death — Primary: Went to bed feeling perfectly well. in 10 minutes began coughing and spitting bloody serum and died in a few minutes | How long sick: 5 minutes

Immediate | ~~Accident, Suicide, Homicide~~

Reported by: Levin West 77

Address: Brunswick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Received 5-31-99
8:30 a.m.

Name In Full Milton Carter

Certificate of Death

Died at Town Liberty County Fred MARYLAND

Date 1899 Month May Day 26 | Age Y. 65 M. 6 D. 25 | Native of Fred Co | Occupation Retired Farmer

~~Male~~ ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widower~~ ~~Widow~~ | ~~Divorced~~ | Number of children living 3

Husband of Wife Lizzie Carter

Father's Name Henry Carter | Mother's Name Charity Shanflue

Cause of Death: Primary Bright's Disease 9 7 | How long sick

Immediate Uremic Poison. | ~~Accident, Suicide, Homicide~~

Reported by J. Thomas Linn

Address Liberty - Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79998

Name in Full Elizabeth Castle Castle

Certificate of Death

Died at Town Wolfsville County Frederick MARYLAND

Date 1899 Month 5th Day 25th Age Y. 61 M. 0 D. Native of Frederick Occupation Farmer's wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ ~~Wife~~ wife of Elias Castle

Father's Name

Mother's Name

Cause of Death Primary Pneumonia How long sick 7 days

Immediate Congestion Lungs ~~Accident, Suicide, Homicide~~

OVER

Reported by James A. Grove Undertaker

Address Wolfsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU, 79898

Attended by Dr. Ralph Browning

of Myersville Md

Seen by Coroner _____

of _____

Information contained in this certificate

ceived from Family of Deceased

of Myersville

Name in Full Infant Cole

Certificate of Death

Died at Town Frederick County "

MARYLAND

Date 1899 Month 5 Day 26 | Age Y. X M. X D. X | Native of X | Occupation X

~~Male~~ male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband / Wife of X

Father's Name John Cole

Mother's Name Isabel Calor

Cause of Death: Primary Premature Birth

Immediate Stillbirth

How long sick

~~Accident, Suicide, Homicide~~

Reported by Sophia Norris. Nurse.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Name in Full Ann Rebecca Creager

Certificate of Death

Died at Town Rocky Ridge County Frederick 6 MARYLAND

Date 189 9 Month May Day 4 Age Y. 85. M. 4. D. 1 Native of Md - Occupation Retired.

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband / Wife of George Washington Creager

Father's Name George Lake Mother's Name — Wilhide

Cause of Death: Primary General Debility - 42 How long sick 2 days

Immediate Paralysis. ~~Accident, Suicide~~, Homicide

Reported by C. H. Diller

Address D. R. Cook Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Wm L. Danner

Died at Town: Knoxville County: Frederick MARYLAND

Date 189 Month: May Day: 26 Age Y. 15 M. 2 D. 21 Native of Md. Occupation none

Male / ~~Female~~ White / ~~Colored~~ ~~Married~~ / Single Widow / Widower Divorced Number of children living

Husband / Wife of

Father's Name Wm Danner Mother's Name Carrie Danner

Cause of Death: Primary Scrofula 226 How long sick

Immediate Meningitis Accident, Suicide, Homicide

Reported by B. B. Ransom

Address Harpers Ferry W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 66968

Received 6-4,99
I. M

Name in Full

Certificate of Death

Infant Dorsey

Died at Town Frederick, County " MARYLAND

Date 189 9 Month 5 Day 28 Age Y. x M. x D. x Native of " Occupation —

~~Male~~ ~~White~~ Married / Widow / Divorced /

Female Colored Single / Widower / Number of children ~~living~~

Husband / Wife of X

Father's Name Chas E. Dorsey Mother's Name Ida Johnson

Cause of Death Primary Inanition

Immediate Stillbirth.

How long sick

Accident, Suicide, Homicide

Reported by Chas E Dorsey. Parent.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		Age				

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced

Number of children living

Husband / Wife of

1520

Father's Name

Mother's Name

Cause of Death — Primary

How long sick

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 45565

Interment at Mt Olivet

" May 15th

A. T. Rice & Sons.

Name in Full

Certificate of Death

Mary Gussie Fairfax

Died at Town Liberty County Fred MARYLAND

Date 1899 Month May Day 25 Age Y. 24. M. 9. D. 24. Native of Liberty Occupation Cook

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife None

Father's Name Zacariah Fairfax Mother's Name Sophia Fairfax

Cause of Death Primary Pulmonary Tuberculosis - How long sick 7 weeks -

Immediate Hemorrage 22a ~~Accident, Suicide, Homicide~~

Reported by J. Thomas Linn

Address Liberty town Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Henrietta Lavinia Frazier

Died at Town: Brunswick County: Frederick MARYLAND

Date 1899 Month: May Day: 17 | Age Y. 48 M. D. | Native of America | Occupation none

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of Wife

Father's Name Geo W Frazier | Mother's Name Elizabeth Frazier

Cause of Death: Primary Apoplexy 42 | How long sick found dead

Immediate

~~Accident, Suicide,~~ Homicide

Reported by Dr Horine MD

Address Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Received 5-18-99
5.06 P.M

Name in Full — Maria L. Gilpin — Certificate of Death

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 1899 — Month: May — Day: 14th — Age: Y. 79 M. 4 D. 2 — Native of: Frostburg Md. — Occupation: Housekeeper

~~Male~~ / Female — ~~White~~ / ~~Colored~~ — ~~Married~~ / Single — Widow / ~~Widower~~ — Divorced — Number of children living: 1

~~Husband~~ / Wife of George F. Gilpin

Father's Name: George McCullough — Mother's Name: Mary McCullough

Cause of Death — Primary: Old Age — 141 — How long sick: Several months

Immediate: Pneumonia. — ~~Accident, Suicide, Homicide~~

Reported by: S. S. Maynard.

Address: 17 E. Second St — Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Dan Roeph Greenwald

Died at Town: Frederick | County: do | MARYLAND

Date 1899 | Month: 5 | Day: 15 | Age: Y. 1 M. 11 D. | Native of: Md | Occupation: X

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | ~~Number of children living~~

Husband / Wife of: X

Father's Name: Allan Greenwald | Mother's Name: Mary L. G.

Cause of Death: Primary: Measles 5 | How long sick

Immediate: Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by: Franklin Buchanan Smith

Address: City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Mary Elizabeth Haller

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 1899 — Month: 5 — Day: 28 — Age: Y. 39 M. 5 D. 19 — Native of: Md — Occupation: ———

~~Male~~ — White — ~~Married~~ — Widow — Divorced

Female — ~~Colored~~ — Single — Widower — Number of children living

Husband of

Wife

Father's Name: Tobias Haller — Mother's Name: Julia Summan

Cause of Death — Primary: Apoplexy 42 — How long sick: 4 days

Immediate: ———

Accident Suicide Homicide

Reported by: Dr Wm Crawford Johnson

Address: Frederick, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65065

Name in Full Henry Heidline

Certificate of Death

Died at Town Frederick D County Frederick D MARYLAND

Date 1899 Month 5 Day 31 Age Y. 72 M. x D. x Native of Germany Occupation Baker

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

Husband of Wife x x x x x

Father's Name x x x Mother's Name x x x

Cause of Death Primary strangulation (by hanging) How long sick

Immediate 142 ~~Accident~~, Suicide, ~~Homicide~~

Reported by W. A. Long M.D.

Address 45 S. Market Street

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969

Name in Full Infant Herman

Certificate of Death

Died at Town Frederick County " MARYLAND

Date 189 9 Month 5 Day 30 | Age Y. x M. x D. x | Native of nd | Occupation x

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of ~~children~~ living

Husband / Wife of x

Father's Name Chas Herman

Mother's Name Bettie Mull

Cause of Death: Primary Still birth

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Mrs Beck, nurse.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full

Certificate of Death

Mary Elizabeth Hitselberger.

Died at Town: Liberty County: Fred MARYLAND

Date 1899 Month: May Day: 29th | Age Y. 69 M. 4 D. 18 | Native of Liberty | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 3

Husband of Wife: Charles F. Hitselberger

Father's Name: Joseph L. Wagner

Mother's Name: Mary Sophia Gillespie

Cause of Death: Primary: Paralysis 44 — How long sick: 12 days

Immediate: Exhaustion.

~~Accident, Suicide, Homicide~~

Reported by J. Thomas Linn

Address Liberty Town Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full Robert J. Jenkins

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month 5 Day 15 Age Y. 55 M. x D. x Native of Frederick Occupation Coachman

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife X X X

Father's Name X X X Mother's Name X X

Cause of Death Primary " 57 How long sick Sudden ~~Fifty~~

Immediate Dreaming Tract" ~~Accident, Suicide, Homicide~~

Reported by W. A. Long M.D.

Address 451 S. Market Street Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65[illegible]

St Peter's College

Name In Full Mrs. Julia Clark Kelley — Certificate of Death

Died at Town Middletown County Frederick MARYLAND

Date 1899 Month 3 Day 16 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | Divorced ~~Number of children living~~

Husband of

Wife

Father's Name Geo. D. Kelly

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Thig

Address May 22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full — Certificate of Death

Geo. Frederick Hezekiah Lemon

Died at Town: Frostburg — County: Frederick — MARYLAND

Date 189 9 — Month: May — Day: 7 — Age: Y. 1 M. 3 D. — Native of: — — Occupation: —

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living

Husband of Wife

Father's Name: Chas M. Lemon — Mother's Name: Mary N. Kline

Cause of Death — Primary: Bronchitis 7 1 — How long sick: one week

Immediate: Pneumonia — Accident, Suicide, Homicide

Reported by: Dr. L. L. Davis

Address: Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79865

Name In Full

Philip H. Long

Certificate of Death

Died at Town: near Emmitsburg County: Frederick MARYLAND

Date 189 9 Month 5 Day 25 Age Y. 72 M. 8 D. 25 Native of Penna Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband of Wife Savilla Harner

Father's Name Henry Long Mother's Name 145 C

Cause of Death: Primary Thrown off his Horse How long sick no time

Immediate Killed instantly Accident, ~~Suicide, Homicide~~

Reported by M. F. Shuff undertaker

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. P. L. Dorman

of Emmitsburg Md

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Mary E. Mantz

Certificate of Death

Died at Town Frederick County Frederick Co MARYLAND

Date 1899 Month May Day 27 Age Y. 30 M. 9 D. 12 Native of Frederick Co Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife Wm. Mantz

Father's Name

Mother's Name

Cause of Death Primary Phthisis — 22a How long sick about year

Immediate Exhaustion Accident, Suicide, Homicide

Reported by W. G. McCauley

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full | Certificate of Death

George Frederick Miller

Died at Town: Rocky Ridge County: Fred. K Co. MARYLAND

Date 1899 Month: May Day: 12 | Age Y. M. D.: 64. 7. 23 | Native of: Md. | Occupation: Laborer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | ~~Divorced~~ | Number of children living 1

Husband / ~~Wife~~ of Annie Clem

Father's Name: Noah Miller | Mother's Name: Susan Mehring

Cause of Death: Primary: Tumor of Liver 92 | How long sick: 11 Mos.

Immediate: Dropsy & Debility | Accident, Suicide, Homicide

Reported by: C. H. Diller M.D.

Address: Double Pipe Creek Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Scott Schley Oden

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month May Day 15 Age Y. 1 M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Melvin

Mother's Name

Cause of Death Primary Pneumonia 72 How long sick 3 weeks

Immediate Apnea Accident, Suicide, Homicide

Reported by J. W. Cundy

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full | Certificate of Death

Daffie Larne Stitely.

Died at Town: Near Liberty | County: Fred | MARYLAND

Date 1899 Month: May Day: 11 | Age Y. 22. M. 1. D. 8. | Native of: Lib Dist | Occupation: Help

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of: None

Father's Name: Jacob Stitely | Mother's Name: Miss Danner

Cause of Death: Primary: Tubercular Disease | How long sick: about 1 year

Immediate: Hemmorhage. 22 a | ~~Accident, Suicide, Homicide~~

Reported by: J. Thomas Sim

Address: Liberty town Maryland —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65262

Name in Full Alonzo Snyder

Certificate of Death

Died at Frederick Town County Frederick MARYLAND

Date 189 9 Month 4 Day 24 Age Y. 22 M. 11 D. 4 Nativity of Md Occupation Salesman

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Divorced~~ Widower ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name 220

Cause of Death: Primary Phthisis Pulmonalis How long sick 2 Yrs

Immediate Cachexia

~~Accident, Suicide, Homicide~~

Reported by J. Lombardy M.D.

Address (illegible)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Buried St Johns Cemetary
~~From~~ May 26 1899
C C Carey

Name In Full

Certificate of Death

Anna Elizabeth Stanbaugh

Died at Town Liberty County Fred MARYLAND

Date 1899 Month May Day 21 Aga Y. 82 M. 9 D. 14 Nativa of Fred Co Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Famala ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Wife Alexander Stanbaugh

Father's Name Jacob Riddlemoser Mother's Name Amelia Campbell

Cause of Death Primary Valvular disease of Heart How long sick 3 days

Immediate Heart failure 57 ~~Accident, Suicide, Homicide~~

Reported by J. Thomas Sim

Address Liberty town Maryland.

Must ba signed by physician, if any in attendance, otherwisa by coroner, undertakar or minister.

LIBRARY BUREAU. 79899

Name in Full

Certificate of Death

Isaac Littleton Thomas.

Died at Town New London County Frederick MARYLAND

Date 1899 Month May Day 7th Age Y. 70 M. D. Native of Salisbury Occupation Laborer.

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Wife not given

Father's Name not given Mother's Name not given

Cause of Death Primary Pneumonia 72 How long sick 21 days -

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by J. Thomas Sim

Address Liberty town Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name In Full Chas. Tracy

Certificate of Death

Died at Burkittsville Town County Frederick MARYLAND

Date 189 9 Month 5 Day 19 Age Y. 6 M. D. Native of Occupation

Male ~~Female~~ White Colored Married Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Alexander Tracy Mother's Name 148

Cause of Death: Primary drowned in a fermenting tub ~~Immediate~~ How long sick

Accident, Suicide, Homicide

Reported by Brunswick Herald 5-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

~~J. H.~~ J. Karin

Name In Full

Certificate of Death

Mary Lucinda Utz

Died at Town: New Market County: Frederick MARYLAND

Date 1899 Month: May Day: 4

Age Y. 7 M. D.

Native of Maryland

Occupation —

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Silas K. Utz

Mother's Name Ida Etchison

Cause of Death — ~~Primary~~

Immediata Capillary Bronchitis 7 1

How long sick

~~Accident, Suicide, Homicide~~

Reported by Dr. H. H. Hopkins

Address New Market, [redacted] Maryland

Must ba signed by physician, if any in attendance, otharwise by coronar, undartakar or minister.

LIBRARY BUREAU, 70588

Name in Full

Certificate of Death

John Warren

Died at Town Fredk. County Frederick MARYLAND

Frederick City

Date 1899 Month May Day 23 Age Y. 63 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

~~Father's~~ ~~Mother's~~

~~Name~~ Stranger ~~Name~~ Pensioner

Cause of Death

Primary Heart Disease ~~How long sick~~

Immediate 57 ~~Accident, Suicide, Homicide~~

Reported by Thos. Turner M. D. Coroner

Address Fredk. City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Wm Thomas Webster

Certificate of Death

Died at — Town: Brunswick — County: Frederick — MARYLAND

Date 1891 — Month: May — Day: 31 — Age: Y. 67 — M. — D. — Native of: Md — Occupation: Laborer

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living: 3

Husband of Wife: Malinda Fields

Father's Name: Turner Webster — Mother's Name: ——

Cause of Death — Primary: Renal Calculus 99 — How long sick: 6 months

Immediate: Brachial nurets & exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: Levin West

Address: Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73898

Received 6-1 99
8.30 a.m.

Name In Full Zebulon Wilking

Certificate of Death

Died at Town Jefferson County Frederick MARYLAND

Date 1899 Month 5 Day 27 Age Y. 71 M. X D. 11 Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name 57

Cause of Death Primary Heart trouble How long sick 6 weeks

Immediate Accident, Suicide, Homicide

Reported by Emmittsburg Chronicle

Address June 2nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79995

Name in Full Mrs. H. Elizabeth Werking

Certificate of Death

Died at Town Jefferson County Frederick MARYLAND

Date 1894 Month 5 Day 11 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Zebulon Werking

Father's Name Mother's Name

Cause of Death: Primary 161 How long sick 8 days

Immediate Accident, Suicide, Homicide

Reported by Emmittsburg Chronicle

Address 6-2

Must be signed by physicien, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Margaret Nelson Worthington

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month 5 Day 25 Age Y. X M. X D. 20 Native of U.S. Occupation ✓

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife ✓

Father's Name Glenn H. Mother's Name Julia A.

Cause of Death Primary Marasmus 82 How long sick ~~Suic.~~ 6 days

Immediate Asthenia. Accident, Suicide, Homicide

Reported by Franklin Buchanan Smith M.D.

Address City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65868

Name In Full

Certificate of Death

John Thomas Yingling

Died at Town: Liberty County: Fred. MARYLAND

Date 1899 Month: May Day: 24th | Age Y. 68 M. 6 D. 21 | Native of Fred Co Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 11

Husband of Wife Ann Yingling

Father's Name John Yingling | Mother's Name Rosanna Arthur

Cause of Death: Primary Bilious Colic 91 | How long sick 3

Immediate Perforation of Bowels. | ~~Accident, Suicide, Homicide~~

Reported by J. Thomas Linn

Address Liberty town Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898